



ARKANSAS STATE VEHICLE SAFETY PROGRAM

August, 2000

Questions regarding the Vehicle Safety Program Rules and Guidelines should be directed to:

Risk Management Division

Arkansas Insurance Department

1200 W. Third

Little Rock, AR 72201-1904

501- 371-2690

FAX 501- 371-2842

insurance.risk.management@mail.state.ar.us

Questions regarding driving records should be directed to:

Terry Kersey

Office of Driver Services

Department of Finance and Administration

Charles D. Ragland Building

P.O. Box 1272, Room 1130

Little Rock, AR 72203

501- 682-7207

terry.kersey@rev.state.ar.us

Questions regarding the SVS System should be directed to:

Information Network of Arkansas

425 W. Capitol Ave.

TCBY Tower, Suite 3565

Little Rock, AR 72201

501-324-8900

svs@ark.org

ARKANSAS STATE VEHICLE SAFETY PROGRAM
RULES AND GUIDELINES
August, 2000

I. PARTICIPATION IN THE VEHICLE SAFETY PROGRAM

All State agencies covered by the State Master Fleet Policy must participate in the Arkansas State Vehicle Safety Program.

II. AUTHORIZATION TO OPERATE STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS

A. *All drivers must maintain a valid drivers license in accordance with the requirements of all applicable Arkansas State Laws. State Agencies should contact the State CDL-Coordinator, Donna Morgan at DFA-Revenue Division-Office of Driver Services, phone number 501-682-1434, to determine the specific drivers license that is required for the operation of each type motor vehicle and the license requirements for non-resident drivers.*

B. *Drivers must complete and sign the Authorization to Operate State Vehicles and Private Vehicles on State Business VSP-1. All drivers should be provided with copies of their VSP-1 and the Driving Safety Tips.*

C. *State Agencies shall maintain copies of form VSP-1 for each of their authorized drivers.*
1)Access to driving records for resident drivers will be provided through the SVS System (State of Arkansas Website) through Information Network of Arkansas at <http://www.state.ar.us/svs>. The original notarized Agreement on Page 7 and the Agency Contact Information on Page 8 must be returned to the Office of Driver Services before a user name and password will be issued allowing access to driving records through the website. Agencies will be notified by email on a weekly basis of any change in status of a current driver and the status of new drivers.
2)Driving records for non-resident drivers may be obtained by sending form VSP-2 on Page 9 to:

*Terry Kersey
Department of Finance and Administration
Charles D. Ragland Building
P.O. Box 1272, Room 1130
Little Rock, AR 72203*

D. *Administrative action is required as follows(See the Assessment of Points for the point values assigned for each moving violation by the Office of Driver Services):*
1. Drivers Who Have Accumulated 10 Through 13 Points On Their Current Traffic Violation Report - *Authorization to drive on state business shall be reviewed by the Agency Director. It is recommended that the driver be required to complete a defensive driving course.*

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RULES AND GUIDELINES**

*August, 2000
(Continued)*

2. Drivers Who Have Accumulated 14 Through 17 Points On Their Current Traffic Violation Report - Authorization to drive on state business shall be suspended for no less than five (5) working days. Authorization shall be reinstated only after evaluation and approval by the Agency Director. A Defensive Driving Course must be completed within sixty (60) days after the suspension began.

3. Drivers Who Have Accumulated 18 Through 23 Points On Their Current Traffic Violation Report - Authorization to drive on state business shall be suspended for no less than ten (10) working days. Authorization shall be reinstated only after evaluation and approval by the Agency Director. A Defensive Driving Course must be completed within sixty (60) days after the suspension began.

4. Drivers Who Have Accumulated Over 24 Points On Their Current Traffic Violation Report - Authorization to drive on state business shall be suspended for no less than twenty (20) working days. Authorization will be reinstated only after evaluation and approval by the State Insurance Commissioner. A Defensive Driving Course must be completed within sixty (60) days after the suspension began.

5. DRIVERS WHOSE DRIVING PRIVILEGES HAVE BEEN SUSPENDED OR REVOKED BY THE OFFICE OF DRIVER SERVICES SHALL NOT BE PERMITTED TO DRIVE ON STATE BUSINESS FOR THE DURATION OF THE SUSPENSION OR REVOCATION. DRIVERS WITH RESTRICTED PERMITS MAY BE AUTHORIZED TO DRIVE ON STATE BUSINESS AS ALLOWED BY THE RESTRICTED PERMIT.

III. REPORTING ACCIDENT AND TRAFFIC VIOLATIONS

A. Drivers must report accident and traffic violations to the State Agency as follows:
When operating a State vehicle – Within 24 hours of occurrence or by the following business day; and,
When operating a private vehicle on state business - Within seven (7) days of occurrence.

B. State Agencies are responsible for reporting all claims or losses which involve any bodily injury or property damage to the Harold Jarvis Insurance Agency, telephone number 870-364-5124 or fax number 870-364-7222, within 24 hours of the occurrence or by the following business day.

C. Drivers, who have had an at-fault accident, must attend a Defensive Driving Class within sixty (60) days following the occurrence.

IV. AGENCY RECORDS

Agency records for the Safety Program are subject to audit by the Risk Management Division.

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RULES AND GUIDELINES**

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V. DEFENSIVE DRIVING CLASSES

Defensive Driving Classes must be approved by the Department of Finance and Administration, Office of Driver Services or the National Safety Council.

VI. DRIVERS WHO ARE NOT STATE EMPLOYEES

This Safety Program also applies to drivers who are not state employees, but routinely drive state vehicles.

VII. ADDITIONAL RULES

State Agencies may impose additional or more stringent requirements than those included in the State Vehicle Safety Program.

VIII. ASSESSMENT OF POINTS

*Point Values Assessed by the Office of Driver Services
for Convictions of Moving Traffic Violations*

	<i>POINTS</i>
1. Accident	3
2. Careless/negligent driver.....	3
3. Child restraint.....	0
4. CMV DUI control substance.....	14
5. CMV leaving scene	6
6. CMV refuse test.....	14
7. Defective brakes.....	0
8. Defective equipment.....	0
9. Defective lights	0
10. Defective tires	0
11. Driving left of center.....	3
12. Driving w/o lights	3
13. Driving while revoked.....	3
14. Driving while suspended.....	3
15. DUI .02 or more.....	14
16. DWI .04 or more	14
17. DWI .10 or more	14
18. DWI.....	14
19. Evading arrest with a motor vehicle	8
20. Failure to dim lights	3
21. Failure to keep a proper look out	3
22. Failure to maintain control.....	3
23. Failure to obey traffic signal	3
24. Failure to report traffic accident	3
25. Failure to signal.....	3
26. Failure to yield.....	3
27. Failure to stop and render aid.....	3
28. Following too close.....	3
29. Following too close CMV	3

**ARKANSAS STATE VEHICLE SAFETY PROGRAM
RULES AND GUIDELINES**

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(Continued)*

	POINTS
30. Going wrong way.....	3
31. Hazardous driving	3
32. Impeding traffic.....	3
33. Improper backing.....	3
34. Improper lane change CMV.....	3
35. Improper entrance/exit (avoid intersection)	3
36. Improper towing	3
37. Improper turn.....	3
38. Inattention.....	3
39. Leave the scene of an accident.....	8
40. Negligent Homicide (1 year revocation of D.L.)	0
41. No liability insurance.....	0
42. Other violations	3
43. Passing on wrong side	3
44. Passing stopped school bus	8
45. Prohibited pass	3
46. Racing	8
47. Ran off the road	3
48. Reckless driving CMV.....	8
49. Refuse intox test.....	14
50. Seatbelt not used	0
51. Speeding 0-10	3
52. Speeding 11-14	4
53. Speeding 15-20	4
54. Speeding 21-30	5
55. Speeding 31 or more	8
56. Speeding 0-14 CMV.....	3
57. Speeding 15 or more CMV.....	6
58. Unattended vehicle with motor running	0
59. Unsafe driving.....	3

**ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OPERATE
STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS**

**THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE AUTHORIZATION
TO DRIVE ON STATE BUSINESS WILL BE GIVEN**

Agency Code _____

Agency _____

Employee _____

Date Of Birth ____/____/____

Drivers License Number _____

Initial Each of The Following:

____ I understand that as permitted by Arkansas Code Ann. §27-50-906 (6)(A), the Office of Driver Services will notify my employer each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Information Network of Arkansas.

____ I understand that because of my driving record I may not be permitted to drive on State business.

____ I will participate in all required Defensive Driving Classes.

____ I will report all accidents that occur on state business to my employer 1) within 24 Hours of the occurrence or by the next working day if the accident occurs in a State vehicle and 2) within 7 working days if the accident occurs in a private vehicle.

____ I have read the Driving Safety Tips provided by my employer.

____ I understand that I must maintain liability coverage, as required by State Law, on my personal vehicles that I drive on State business.

Employee Signature

____/____/____
Date

ARKANSAS STATE VEHICLE SAFETY PROGRAM

DRIVING SAFETY TIPS

August, 2000

- ▽ **Observe Speed Limits and Traffic Laws** – *Allow sufficient time to reach your destination without violating speed limits or traffic laws.*
- ▽ **Seat Belts** – *Each driver and front seat passenger in any motor vehicle operated on a street or highway in this state is required by law to wear a properly adjusted and fastened seat belt.*
- ▽ **Cellular Phones** – *The use of cellular phones by the driver while the vehicle is in motion is strongly discouraged. Even with “hands free” equipment, conversing on the phone takes your attention away from driving, making you less likely to notice hazardous situations.*
- ▽ **Backing Crashes** – *Most backing accidents are preventable. Whenever possible, park your vehicle where backing is not required. Know what is beside and behind your vehicle before you begin to back. Back slowly and check both sides as well as the rear as you back. Continue to look to the rear until the vehicle has come to a complete stop.*
- ▽ **Intersection Crashes** – *When approaching and entering intersections, be prepared to avoid crashes that other drivers may cause. Take precautions to allow for the lack of skill or improper driving habits of other drivers. Potentially dangerous acts include speeding, improper turn movements, and failure to yield the right of way.*
- ▽ **Weather Related Crashes** – *Rain, snow, fog, sleet or icy pavement increase the hazards of driving. Slow down and be especially alert when driving in adverse conditions.*
- ▽ **Passing Crashes** – *When you pass another vehicle, look in all directions, check your blind spots, and use your signal. As a general rule, only pass one vehicle at a time.*
- ▽ **Front End Crashes** – *By maintaining a safe following distance at all times, the driver can prevent front-end collisions in spite of abrupt or unexpected stops of the vehicle ahead. Observe the “two second rule” by following the vehicle ahead at a distance that spans at least two seconds. The following distance should be increased when driving in adverse conditions.*
- ▽ **Security** – *State vehicles should be locked whenever they are unoccupied.*
- ▽ **Engines** – *The engine of a State vehicle should always be turned off before the driver exits the vehicle.*

AGREEMENT

WHEREAS, Arkansas Code Sections 27-50-900 through 27-50-1211 of Arkansas, provides that the Office of Driver Services, Revenue Division, Department of Finance and Administration, State of Arkansas, may furnish an abstract of a drivers record as maintained by said office, only to a person who has been authorized in writing by such driver to obtain the driver's record; and

WHEREAS, the undersigned periodically makes numerous requests for abstracts of driver's records in the course of the undersigned's business; and

WHEREAS, it is extremely expensive and cumbersome for the undersigned to duplicate and file and for the Office of Driver Services to receive and maintain each individual written authorization signed by such drivers in order for the undersigned to obtain an abstract of the driver's record;

NOW, THEREFORE, IN CONSIDERATION OF THE FOREGOING, THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOW:

- (1) (A) That the undersigned represents and warrants to the Office of Driver Services that every person, on whom a request for an abstract is made by the undersigned, shall have first given his or her consent to the release of such abstract, or

(B) That the undersigned represents and warrants to the Office of Driver Services that every person, on whom a request for an abstract is made by the undersigned, shall be insured or an applicant of any insurer licensed to do business in Arkansas, or its agents, employees, or contractors.
- (2) That the original written authorization signed by the driver on whom an abstract is requested, or a copy of thereof, shall be furnished by the undersigned to the Office of Driver Services upon request by the Office of Driver Services. This written authorization is to be kept on file with your company for a five year period.
- (3) If the undersigned is found to be in violation of the foregoing, the Office of Driver Services may thereafter require the undersigned to provide individual signed releases with each abstract hereafter requested by the undersigned.
- (4) The undersigned further agrees to indemnify and hold harmless the Office of Driver Services, Revenue Division, Department of Finance and Administration, State of Arkansas, for any liabilities and/or damages caused by virtue of the undersigned's breach of this agreement or the provision of Arkansas Code Sections 27-50-900 through 27-50-1211 of Arkansas.

Company or Organization

Address

CityStateZip

Signature

Title

ACKNOWLEDGEMENT

STATE OF)
) ss.
COUNTY OF)

Subscribed and sworn to before me this _____ day of _____, 19_____.

Notary Public

My Commission Expires:_____



Received and filed this _____ day of _____, 19_____.

Driver Services

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AGENCY CONTACT INFORMATION

Agency Code_____

Agency_____

Agency Address_____

Contact Person_____

Email Address_____

Telephone Number_____

In order to access driving records through the SVS System (State of Arkansas Website) for the authorized drivers in your agency you must return the *original notarized* Agreement (page 7) and the Agency Contact Information to:

**Terry Kersey
Department of Finance & Administration/Driving Records
P.O. Box 1272, Room 1130
Little Rock, AR 72203**

ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD
FROM DEPARTMENT OF FINANCE AND ADMINISTRATION, OFFICE OF DRIVER SERVICES

- ☐ *State Agency* _____ *Code* _____
- ☐ *Agency Address* _____
- ☐ *Agency Contact Person* _____

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by Arkansas Code Ann. 27-50-906 and 27-50-908. This record shall include material normally excluded by Arkansas Code Ann.27-50-802.

Signature of individuals appearing below shall constitute consent for the release of such records to the State agency named on this form.

Employee _____
Last Name First Name Middle Initial

D.L.N. _____ *Date of Birth* ____/____/____
.....

Employee _____
Last Name First Name Middle Initial

D.L.N. _____ *Date of Birth* ____/____/____
.....

Employee _____
Last Name First Name Middle Initial

D.L.N. _____ *Date of Birth* ____/____/____
.....

Employee _____
Last Name First Name Middle Initial

D.L.N. _____ *Date of Birth* ____/____/____
.....

Employee _____
Last Name First Name Middle Initial

D.L.N. _____ *Date of Birth* ____/____/____
.....

Employee _____
Last Name First Name Middle Initial

*D.L.N.*_____ *Date of Birth*____/____/____

.....

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